

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 06/05/2005		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 06/07/2005						
		FINANCIAL PAYER: NCDMM						
							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAIN H/DD/SAS	8505	114	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	16	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	0	130	130	0
3404904	WESTERN HIGHLAN DS LME	8505	5518	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	1931	CLIENT NOT ELIGIBLE ON SERVICE DATE	74	9106	14161	5055
		8599	842	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404910	PATHWAYS	8505	3193	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	264	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	3971	7799	3828
		8800	176	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404912	CATAMBA COUNTYM ENTAL HEALT	8505	766	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	259	CLIENT NOT ELIGIBLE ON SERVICE DATE	36	1198	2916	1718
		8599	101	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404913	MECKLENBURG COM ENTAL HEALT	11	7454	CLIENT NOT ELTIGIBLE ON SERVICE DATE				
		8599	5789	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2461	25381	49377	23996
		21	4635	DUPLICATE OF CLAIM-SYSTEM				
3404916	CROSSROADS BEHA VIORAL HEAL	8505	2938	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	288	CLIENT NOT ELIGIBLE ON SERVICE DATE	1	3499	5900	2401
		8599	115	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404917	CENTERPOINT HUM AN SERVICES	8505	557	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	517	DUPLICATE OF CLAIM-SYSTEM	101	1784	2386	602
		11	342	CLIENT NOT ELIGIBLE ON SERVICE DATE				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404918	ROCKINGHAM CO M	8505	112	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8800	53	FURTHER PROCESSING NECESSARY,	47	307	1269	962
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	44	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404919	GUILFORD CO MEN	8599	164	DETAIL NOT COVERED BY COMBINAT				
	TAL HEALTNC			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	108	CLIENT ID NUMBER DOES NOT MATC	89	497	6981	6484
				H PATIENT NAME				
		8931	64	AMTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404920	ALAMANCE CASMEL	8505	312	CLAIM DENIED DUE TO INSUFFICIE				
	L AREA MH D			NT BUDGET				
		8599	227	DETAIL NOT COVERED BY COMBINAT	1	815	2823	2008
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		10	54	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404921	ORANGE PERSON C	5312	3108	PRIOR AUTHORIZED DOLLARS EXCEE				
	HATHAM AREA			DED				
		191	389	CLIENT ID NUMBER DOES NOT MATC	32	4575	6990	2415
				H PATIENT NAME				
		23	280	SERVICE REQUIRES PRIOR APPROVA				
				L				
3404922	THE DURHAM CENT	8599	1016	DETAIL NOT COVERED BY COMBINAT				
	ER			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	456	DUPLICATE OF CLAIM-SYSTEM	0	1713	6128	4415
		191	102	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404923	VGFW AREA AUTHO	8505	148	CLAIM DENIED DUE TO INSUFFICIE				
	RITY			NT BUDGET				
		8599	108	DETAIL NOT COVERED BY COMBINAT	0	428	2028	1600
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		21	94	DUPLICATE OF CLAIM-SYSTEM				
3404925	SANDHILLS CENTE	8505	6810	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8800	357	FURTHER PROCESSING NECESSARY,	78	7732	10125	2393
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		8599	330	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404926	SOUTHEASTERN RE G MENTAL HL	8505	9004	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	1929	CLIENT NOT ELIGIBLE ON SERVICE DATE	123	12151	16207	4056
		8517	223	CLAIMS DENIED, SUBMITTED BEYON D FILING TIMELIMIT. JULY THROUGH APRIL DOS MUST BE SUBM				
3404927	CUMBERLAND CO M HC	8505	642	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	203	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	1244	3555	2311
		8800	143	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404929	LEE HARNETT MH/ DD/SAS	21	81	DUPLICATE OF CLAIM-SYSTEM				
		8518	29	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. MAY AND JUNE DOS MUST BE SUBMITTED BY	0	147	2548	2401
		8599	13	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404930	JOHNSTON COUNTY MNTL HLTHC	8505	2371	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	124	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	1	2525	3713	1188
		11	24	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404931	WAKE CO HUM SVC BILLING OF	8505	6327	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	3442	DUPLICATE OF CLAIM-SYSTEM	153	12544	19001	6457
		8599	523	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404932	RANDOLPH/SANDHI LLS CO MH C	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404933	SOUTHEASTERN CT R FOR MH/DD	8599	347	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	119	DUPLICATE OF CLAIM-SYSTEM	66	1041	8155	7114
		8621	110	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
3404934	ONSLow COUNTY B EHAVIORAL H	8800	291	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
		8505	228	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	1	841	1625	784
		7007	102	EXCEEDS MAXIMUM UNITS ALLOWED PER MONTH(S)				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	8505	226	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	19	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	10	277	1114	837
		8599	10	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404937	EDGEcombe NASH MNTL HLTH C	8505	995	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	442	DUPLICATE OF CLAIM-SYSTEM	2	1785	2856	1071
		8800	265	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404938	VGFW DBA RIVERS TONE COUNSE	24	22	PROCEDURE CODE, PROCEDURE/MODI FIER COMBINATION OR PROCEDURE CODE/TYPE OF SERVICE COMBINATI				
		8599	9	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	9	53	1508	1455
		23	8	SERVICE REQUIRES PRIOR APPROVA L				
3404939	NEUSE MENTAL HE ALTH CENTER	21	90	DUPLICATE OF CLAIM-SYSTEM				
		5404	79	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD	3	392	784	392
		11	49	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404941	FITT CO MH/DD/S AS CENTER	21	388	DUPLICATE OF CLAIM-SYSTEM				
		11	290	CLIENT NOT ELIGIBLE ON SERVICE DATE	12	1136	3385	2249
		8599	234	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404942	ROANOKE CHOWANH UMAN SERVIC	8505	308	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8800	52	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.	22	424	1374	950
		8599	25	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404943	ALBEMARLE MENTA L HEALTH CE	8505	192	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	90	DUPLICATE OF CLAIM-SYSTEM	109	628	2359	1731
		8931	56	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				

PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	PAID
3404944	EASTPOINTE HUMA	8505	845	CLAIM DENIED DUE TO INSUFFICIE			
	N SERVICES			NT BUDGET			
		8800	56	FURTHER PROCESSING NECESSARY,	96	1176	4508
				PLEASE CHECK FOR CLAIM ON			
				FUTURE RA'S.			
		8931	53	AMTNC INELIGIBLE TO RECEIVE SE			
				RVICES IN IPRS.			
3404946	FOOTHILLS AREAM	11	1410	CLIENT NOT ELIGIBLE ON SERVICE			
	ENTAL HEALT			DATE			
		8599	622	DETAIL NOT COVERED BY COMBINAT	7	2105	3597
				ION OF RECIPIENT, PROVIDER AND			1492
				BENEFIT PACKAGE.			
		5404	26	SEVERE DUPLICATE: SAME ATTD PR			
				OV/PCODE/TOS/DOS/MOD			
3404957	TIDELAND MENTAL	8505	1038	CLAIM DENIED DUE TO INSUFFICIE			
	HEALTH CTR			NT BUDGET			
		21	487	DUPLICATE OF CLAIM-SYSTEM	61	2117	3093
							976
		8599	327	DETAIL NOT COVERED BY COMBINAT			
				ION OF RECIPIENT, PROVIDER AND			
				BENEFIT PACKAGE.			
3404979	NEW RIVER AREAM	23	893	SERVICE REQUIRES PRIOR APPROVA			
	H/DD/SA PRO			L			
		8505	840	CLAIM DENIED DUE TO INSUFFICIE	25	2566	4312
				NT BUDGET			1746
		11	362	CLIENT NOT ELIGIBLE ON SERVICE			
				DATE			